

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593063</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1											
2		1										
3		2										
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TOTAL IND.	1	↓	1	↓	0	↓						
TOTAL DEP.	23	←	22	←	0	←						
TOTAL CLAIMS	24		23		0							
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT							
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100												
TOTAL IND.	0	↓	0	↓	0	↓						
TOTAL DEP.	0	←	0	←	0	←						
TOTAL CLAIMS	0		0		0							